

Center For Domestic Preparedness
Training Course Application
(Please Print Legibly and Accurately)

(FOR CDP USE ONLY)

Name: _____ Male ☐
(First) (MI) (Last) Female ☐

Social Security Number: _____ Date of Birth: _____
(For Student Record Use Only) (month) (day) (year)

Home Address: (No post office box/For FEDEX) Organization/Work Address: (No post office box/For FEDEX)

(Street address)

(Organization Name)

(City, State, Zip)

(Street Address)

(Home telephone or cell number)

(City, State, Zip)

(Fax number)

(Work Phone Number and ext)

Email _____

Profession: _____ Position/Title: _____

Airport of Departure: _____ Or if driving, Check Here ☐

Area of Jurisdiction City ☐ Township ☐
County ☐ Metro ☐ District ☐ State ☐
Federal ☐ National ☐ Port ☐
Tribal Territory ☐

Other (Please specify) _____

Discipline: Fire Suppression ☐ EMS ☐ Emergency Mgmt ☐ HAZMAT ☐
Law Enforcement ☐ Public Works ☐ Governmental Administrative ☐
Public Health ☐ Health Care (Non EMS) ☐ Public Safety Communications ☐

Other (Please specify) _____

ف WMD Technical Emergency
Response Training (TERT)

ف WMD Hands-On Training (HOT)
(prerequisite certificate required)

ف WMD HAZMAT Technician (HT)

ف WMD Incident Command (IC)

ف WMD Law Enforcement
Protective Measures (LEPM TtT)

ف Instructor Training Certification
(ITC)
(prerequisite certificate required)

ف Emergency Medical
Services(EMS)

ف Emergency Responder Hazmat
Technician Training (ER HM)

Check both boxes for IC/HOT or LEPM/HOT
Combination courses

Dates Requested: (Please enter three)

1st _____

2nd _____

3rd _____

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.